

NAME AND ADDRESS OF COURT:  	<b>FOR COURT USE ONLY</b>
NAME OF DEFENDANT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: HOME TELEPHONE NO.: WORK TELEPHONE NO.: DATE OF BIRTH: SOCIAL SECURITY NO.: DRIVER'S LICENSE NO.:	
<b>DATE OF COURT ORDER:</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>IGNITION INTERLOCK</b>  <input type="checkbox"/> </div> <div> <input type="checkbox"/> <b>CALIBRATION VERIFICATION</b>  <input type="checkbox"/> <b>TAMPER REPORT</b> </div> </div>	
CASE NUMBER:	

1. Defendant's name:

2. Installer's name:

Address:

City, state, ZIP:

Telephone:

3. Vehicles:

Make

Model

Year

Color

License Plate No.

V.I.N.

a.

b.

c.

4. This is the ☐ six-month ☐ yearly report (if relevant).

5. Installation date: a.

b.

c.

6. Odometer reading: a.

b.

c.

7. Calibration setting: a.

b.

c.

8. Unit serial No.: a.

b.

c.

9. Program to end (date):

10. ☐ The system is in calibration.

11. ☐ The system has been inspected and is functioning properly.

12. ☐ The ignition interlock devices installed in vehicles ☐ a. ☐ b. ☐ c. show evidence of tampering.

(Describe/Additional comments):

13. Payment of \$ + sales tax \$ = Total collected \$ paid by

a. ☐ Visa / MasterCard

b. ☐ Money order/Cashier's check/Certified check No.:

c. ☐ Cash/check No.:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(SIGNATURE OF INSTALLER)

**DEFENDANT: Your next monitoring check is (date):** . If you have not had your system serviced within seven days of the due date, the system will shut down and you will be unable to start your car. It will be your responsibility to have your car towed to the calibration location.

Your next payment of \$ is due at the above monitoring check. Payment must be made in full before service is performed. If payment is not made, the system may shut down and you may not be able to start your car. This will result in a service call that will be your responsibility. You may be required to make an additional payment for late payments.

➤ I acknowledge receipt of a copy of this form.

Date:



(SIGNATURE OF DEFENDANT)

Distribution: Court, Manufacturer or Manufacturer's Agent, Defendant, Probation Department